	child because Yes	sactions, or liabilities of a spouse or dependent c with the Committee on Standards of Official Conc	" income, trans	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
No ⊠	trusts" need not Yes	of Official Conduct and certain other "excepted in the component child?	e on standards ng you, your sp	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
SNOI	VER EACH OF THESE QUESTIONS	- ANS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
and the response.	must be answered ed for each "Yes" I	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No.	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.
	arrangement with Yes	<ul><li>IX. Did you have any reportable agreement or arrangement with an outside entity?</li><li>If yes, complete and attach Schedule IX.</li></ul>	No.	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
∐ § ⊠	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.
	d receive any n the reporting Yes	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?  If yes, complete and attach Schedule VII.	No.	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
	receive any regating more Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	No U	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  If yes, complete and attach Schedule I.  Yes
		E QUESTIONS	OF THESI	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
ll be assessed files more man	A \$200 penaity shall be assessed against anyone who files more than 30 days late.	ee Termination Termination Date:	Officer or Employee	Status  Member of the U.S. State: Corsol Of Status  Nouse of Representatives District: Corsol Of Status  Report April (May 15)  Agricula (May 15)
M 10:01 114	2009 KAY 14 AN 10: 01	Daytime Telephone: 202-2257	Daytime 1	Name: Michael H. Coffnan
HAND DELIVERED	HANDDE	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

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## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income

								State of Colorado	Ontario County Board of Education	Examples: Civil War Roundtable (Oct. 2nd)	State of Manyland	Koone State	Source	exceeding \$1,000. See examples below.  Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
		The state of the s					Sports Sakery	野かれる	Spouse Salary	Spouse Speech	Legislative Pension	Approved Teaching Fee	Type	benefits received under the Social Sec
					The state of the s		\$122,000	\$68,500	NA	\$1,000	\$9,000	\$6,000	Amount	curity Act.

For payments to charity in lieu of honoraria, use Schedule II.

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Page 4 of 60	

# SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

Source  Examples: Association of American Associations, Washington DC  EXAMPLE ASSOCIATION ASSOCIATION DC			
	Activity	Date	Amount
		Feb. 2, 2008	\$2,000
	Article	Aug. 13, 2008	\$500
		1	

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Great Light Stable	TIM CRET	ATA Chate-Fo	Capital Lianta Con	Franklin Mustual	that ch kis a will by		Examples:	SP SP Mega Corp. Stock	each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK A  Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearmed" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).
ř , ,	>	×	×	>	*	mts X	4	×	None   None	Pro- Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  y or tull if an asset was sold during the reporting use year and is included only because it generated income, the value should be "None."
~	*	*	<b>X</b>	*	*	×	Royaties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK C  Type of Income  Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IFAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if retirvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
						×	X	×	None       -         \$1 - \$200       =         \$201 - \$1,000       ≡         \$1,001 - \$2,500       ⋜         \$2,501 - \$5,000       <	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even it reinvested, should be listed as income. Check "None" if no income was earned or generated.
				- The state of the				S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name

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	BLOCK A  Asset and/or Income Source					_	ea ea	BLOCK B	BLOCK B	_								<u>p</u>	вьоск с	<b>a</b> 8				BLOCK D  Amount of Income	2	BLOCK D	<u>및</u> 원	ਰ ਨੂ	3	Ø			BLOCK E Transaction
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## SCHEDULE IV— TRANSACTIONS

Name

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property,	of Tr	Type of Transaction	tion	Date			Amo	ount	of T	Amount of Transaction	actic	Š		<u> </u>
stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions				(MO/DAY/YR)	Β.	ဂ	0	m	וד	<u>ه</u>	<b>=</b>		<u>_</u>	Х
that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is residence, the control of a second places of indicate (i.e., "nartist sale.") See example helow	PURCHASE	SALE	EXCHANGE	or Quarterly, Monthly, or Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	\$50,000,000
SP. DC. JT Asset	-													
Example: Mega Coporation		×		10-12-08		×							_	
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#### SCHEDULE V— LIABILITIES

Name Page £ of LC

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

			Example:	JT DC,		called only if the c
The state of the s			First Bank of Wilmington, Delaware	Creditor		calle) the material at the close of the precentify calcinal year excessed with over
			Mortgage on 123 Main St., Dover, Del.	Type of Liability		exceeded ⊕10,000.
				\$10:001215 BB \$15:000		
			×	\$50,000 \$50,004 \$100,080	Ą	
				\$250,000 \$266,001 \$500,000	Amount of Liability	
				\$1,000,000 \$7 \$1,000,001x \(\frac{1}{2}\) \$5,000,000 \(\frac{1}{2}\) \$5,000,001- \(\frac{1}{2}\)	ability	
				\$25,000,000 \$25,000,000 \$50,000,000 Over \$50,000,000		

#### SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

Use additional sheets if more space is required.

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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a or were paid by you and reimbursed by the sponsor.

spouse or dependent child that is totally independent of his or her relationship to you.

	****	- Admpies.								1		:
Source	Chicago Chamber of Commerce	Roycroft Corporation										
Date(s)	Mar. 2	Aug. 6-11										
City of Departure—Destination— City of Return	DC—Chicago—DC	DC—Los Angeles—Cleveland										
(Y/N (Y/N)	Z	Υ	-									
Food? (Y/N	z	Υ	}		)	, , , , , , , , , , , , , , , , , , ,						
Was a Family Member Included? (Y/N)	Z	~				The production of the latest and the	100000000000000000000000000000000000000	A. Constitution of the con				
Number of days not at sponsor's expense	None	2 Days						3120110				

#### SCHEDULE VIII—POSITIONS

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Name

proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiorganization, or any educational or other institution other than the United States.

zations); and positions solely of an honorary nature.	morary nature.
Position	Name of Organization
THE THIRD AND THE	

### SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

	,	4,444.		Date
				Parties To
				Terms of Agreement